PRINTED: 10/25/2022 **FORM APPROVED**

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ COMPLETED C IL6005631 B. WING_ 09/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **400 WEST GRANT STREET COUNTRYVIEW CARE CENTER-MACOMB** MACOMB, IL 61455 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint 2226842/IL150589 S9999 Final Observations S9999 Statement of Licensure Violations: 300,660a) 300.661 Section 300.660 Nursing Assistants A facility shall not employ an individual as a nursing assistant, home health aide, psychiatric services rehabilitation aide, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, nurse aide unless the facility has inquired of the Department 's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer. Section 300.661 Health Care Worker Background Check Afacility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 III. Adm. Code 955). These Regulations were not met as evidenced Based on record review and interview the facility failed to implement the screening process of their Attachment A Abuse Policy and allowed two newly hired Statement of Licensure Violations employees to work prior to receiving the

Illinois Department of Public Health

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION						
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	background check results. This failure has the potential to affect all 49 residents residing in the facility.		29999						
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	Findings include:					1			
Facility Regident Concus Bootes, det. Laurere		,	li de la companya de						
	Facility Resident Census Roster, dated 8/30/22, documents that 48 residents reside in the facility.								
	The state of the s	conduction reside in the facility.							
	Facility Abuse Prevention Program Policy and								
	Procedures for Pre-Employment Screening of							1	
	Potential Employees, revised 11/28/2016, documents: the Facility will conduct a required pre-employment screening of employees; will not knowingly employ any staff convicted of any of the crimes listed in the state (Illinois) Healthcare Worker Background Check Act, unless waivered under the provisions of the Act, or with findings of abuse listed on the state (Illinois) Health Care Worker Registry; prior to a new employee starting a work schedule the facility will check the state (Illinois) Healthcare Worker Registry; and are required to request a fingerprint based criminal history check for all non-licensed employees.							1	
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	indicate check for all p	ion-licensed employees.						l	
	Facility Recent Hires	, undated, documents that							
	(V4/Nursing Unit Aide	e) was hired on 8/2/22 and				- 1		l	
	Was terminated on 8/	/5/22 and that (V7/Dietary as hired on 8/2/22 and						١	
- 1	terminated on 8/22/2	2 11160 on 8/2/22 and		5		- 1		l	
1		= "		A1					
1	(V4's) Local State He	ealthcare Worker Registry,							
1	undated, documents	(V4's) Work Eligibility as						1	
- 1	does not document a	lication for Employment date for the "Sent for							
	Background Check."	date for the Self lot		•					
	100								
	(V7's/Dietary Departn	nent/Cook) Local State				0			
	nealthcare Worker R	egistry, undated, documents							
nie Donarte	(V7's) Work Eligibility	as mengible. (V7's)							

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6005631 B. WING 09/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **400 WEST GRANT STREET COUNTRYVIEW CARE CENTER-MACOMB** MACOMB, IL 61455 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 Fingerprinting Services form (Accurate Biometrics/Live Scan) documents that (V7) was fingerprinted on 8/10/22, eight days after (V7's) employment started. Facility Daily Staffing Sheets, dated 8/6/22, documents that (V4/Unit Aide) was a First Shift Float. On 8/31/22, at 8:12 am (V4) stated, "(V1/Administrator) hired me, I went through my 'SWAT' training and even worked on the floor as a Unit Aide, and I was working with the residents. Then a couple days later, (V1) came to me and terminated me because, (V1) told me that my background check came back 'bad' for something that happened over a decade ago. (V1) told me not to tell anyone that I had worked, and that they were going to try and pay me out of petty cash. but I did just finally receive a check for the days that I worked." On 8/31/22, at 11:20 am, V1 (Administrator) stated, "I had to terminate (V4/Unit Aide) and (V7/Cook) after their employment began. because we did not get the results of the background check back until after they started. They went through training and had started their jobs, but I had to terminate them after I received the background checks back. (V4/Unit Aide) would be floating throughout the building and help out all residents with things like passing water. helping with shoes and socks, and answering call lights. We start employees once we have initiated the process, but it takes a while to get the final results back, so I have had to terminate employees after they have started." (C)